Kentucky Public Health
Prevent. Promote. Protect.

Frequently Asked Question's November 5, 2014

GENERAL QUESTIONS

What number do we call to report a suspected or confirmed Ebola case?
1-888-9REPORT (1-888-973-7678)

When can the United States expect the "24Hour CDC SWAT Team" to be available?
The CDC has stated that it will quickly respond and offer assistance with any suspected Ebola patient.

Where can we access Kentucky's Tabletop Exercise?
The Kentucky Hospital Association hosts the website with a direct link to the exercise. The following link will take you to the exercise: http://www.kyha.com/kentucky-public-health-Ebola-tabletop-exercise/

How can I get on the listserv to receive information regarding Friday calls with providers?
Please make a request to be added to a specific listserv by emailing your contact information to Reportable.Diseases@ky.gov

Has anyone developed a one sheet informational explanation for healthcare workers on Ebola?
The CDC has developed numerous one page informational sheets concerning what Ebola is, how it is transmitted, and how to identify and assess a suspect Ebola patient. Please see the CDC website on Ebola. The most recent one page information sheet is entitled, "Could it be Ebola?"
http://www.cdc.gov/vhf/Ebola/pdf/could-it-be-Ebola.pdf

EBOLA FACTS

What is the incubation period for Ebola?
The incubation period for Ebola is from 2-21 days, with the average being 8-10 days.

How long does the Ebola virus live on a surface, whether it is clothing/carpet or a hard surface? How long can the surface be considered contaminated?
The virus is fragile outside the body and depending on the source, the time varies. On average, it is thought that the virus can live outside its host for 3-4 days, but in ideal conditions it may be as long as 1 week. Clothing, bedding and other fabrics contaminated with body fluids from an Ebola patient should be regarded as potentially infectious. EPA has released a list of chemical disinfectants that should be used to inactivate Ebola virus on surfaces. See the EPA guidance, Disinfectants for Use Against the Ebola Virus: http://www.epa.gov/oppad001/list-l-Ebola-virus.html.

It has been communicated that Ebola is not spread by airborne means. Does this mean fluids projected by sneezing from an Ebola-infected person are not communicable?
Ebola is not spread by airborne transmission. However, large respiratory droplets, which can travel 3-6 feet, can be infectious, in principle.

What are the different exposure risk groups? What do the different groups mean?
CDC put out a new guidance document titled Epidemiologic Risk Factors to Consider when Evaluating a Person for Exposure to Ebola Virus. The document can be found at the following link: http://www.cdc.gov/vhf/Ebola/exposure/risk-factors-when-evaluating-person-for-exposure.html
In summary, the document guides evaluators to categorize individuals who are not sick but might have been exposed to Ebola into four different risk groups ("High Risk," "Some Risk," "Low (but not zero) Risk," and "No Identifiable Risk") in order to assist in determining the level of monitoring and movement restrictions needed based on exposure. For example, an individual with travel history to Guinea, exposed to bodily fluids of a person with Ebola while the person was symptomatic, and who was not wearing appropriate personal protective equipment would be placed in a HIGH RISK category. A person who had close contact with a symptomatic Ebola patient who did not have direct contact with bodily fluids but was not wearing appropriate personal protective equipment would be placed in the SOME RISK category. Someone who was in one of the Ebola-affected countries (Liberia, Sierra Leone or Guinea) in the last 21 days but with no known exposures to Ebola patients would be considered LOW (BUT NOT ZERO) RISK. Finally, a person who had contact with a person with Ebola before the person developed symptoms would be considered to be in the NO IDENTIFIABLE RISK category. Please see the CDC guidance for further examples.

Our health district wants to know how to respond to their constituents based on this scenario: "The general public is seeing and reading how Frontier Airlines have decontaminated their plane four (4) times and are also replacing the carpet, headliner and seat-covers; but yet, we health officials are stating that Ebola is just like any other virus, but more deadly and more difficult to catch." What do we tell them?
In order to contract Ebola, you have to come into contact with blood or body fluids of a symptomatic persons with Ebola (dead or alive), or materials or equipment contaminated by an infected Ebola patient such as a used needle/syringe. The presence of an individual suspected of contact with an Ebola patient on an airplane does not constitute an exposure unless Ebola infected blood or body fluids are present. While we cannot speak to the policy and procedure decisions of Frontier Airlines, it would appear that an abundance of caution was instituted to allay the fears of their customers.

HEALTHCARE ASSESSMENT AND FIRST STEPS

What do we do if we identify someone in our outpatient clinic with symptoms (fever, fatigue, nausea, vomiting, diarrhea) and appropriate risk factors (travel from Liberia, Sierra Leone or Guinea in the past 21 days) for Ebola?

Suspected Ebola patients who are identified in outpatient settings should be referred to a hospital emergency department where they can be isolated and cared for. The Department for Public Health should be notified ***immediately*** for consultation and the designated hospital should be notified in advance if the patient is coming from an outpatient clinic, on their own, or via EMS to the hospital. Outpatient providers should avoid further direct contact with the patient when they are identified as suspect Ebola patients. Maintain a distance of at least 1 meter. If the patient can safely drive himself/herself to the hospital without exposing others, he/she should. Otherwise, contact EMS for transport.

Department for Public Health guidelines instruct hospitals to isolate patients screened as a PUI (person under investigation) and to immediately contact the Dept for Public Health. Please describe what hospitals will be instructed to do? It is critical to know this so we can continue to develop our response plan and train staff.

Guidelines for Initial Management of an Ebola Suspected Patient can be found on the Kentucky Health Alerts website at: healthalerts.ky.gov. Guidelines on the safe management of patients are available from the CDC. KDPH has additional guidance available at healthalerts.ky.gov in the Ebola Information box. (see http://healthalerts.ky.gov/Documents/ed-algorithm-management-patients-possible-Ebola.pdf).

Can UK share their response plan with the hospitals?

They have said that they would. Contact UK hospital.

ISOLATION AND QUARANTINE

Kentucky-specific isolation and quarantine guidelines have been released in a document titled, "At-A-Glance Guidance for Ebola Outbreak" which is available on the Kentucky Health Alerts website at: http://healthalerts.ky.gov/Documents/At%20A%20Glance%20Ebola%20Guidance%20Final%2011-5-14.pdf In all circumstances, from a potential Ebola exposure to a confirmed case, KDPH will be directly engaged with the local health department and involved healthcare facilities in making decisions about appropriate quarantine and isolation measures to be implemented.

Does Kentucky plan to designate Ebola Treatment Centers to care for an Ebola patient? How will KDPH be involved in determining the appropriate site for inpatient care of a patient?

At this time, there are no plans to designate Ebola Treatment Centers. Every facility needs to be prepared to **identify, isolate and manage** a potential Ebola patient for at least 96 hours. During that time, the Department for Public Health Ebola Response Team will evaluate the situation with the

hospital to determine the appropriate course of action for the future clinical course of the patient accounting for the safety of the patient, hospital workers, first responders, and the public.

Early symptoms of Ebola are the same as influenza. In the healthcare setting, should employees be requested to notify their employer of any contact with anyone traveling from West Africa or exposed to someone with Ebola? If they have a fever – should they not come to work and instead go to the ER?

Ebola can only be transmitted from an Ebola-infected person. Being in contact with an asymptomatic person does not pose a risk for Ebola transmission. Under new guidance from CDC, all persons returning from an Ebola-affected country (Guinea, Sierra Leone, and Liberia) will be monitored for 21 days. Additional information can be found at this CDC link – media release post arrival monitoring. Healthcare workers (HCW) should notify their employer if they have any contact with a known or suspected Ebola patient or traveled to one of these countries. Local or state public health will consult with any healthcare facility about what to do if they have an HCW with a definite or suspected exposure to Ebola. If the HCW has a fever but no known exposure to someone symptomatic with Ebola, they should be handled the same way the facility would normally handle an employee calling in sick. If the employee had a known exposure to someone with Ebola, KDPH recommends that the employee not participate in patient care until completing a 21-day period after their last potential Ebola exposure.

If a healthcare employee travels to an affected area, what measures should be taken when they return to work here in the US?

All travelers to Ebola-affected countries will be interviewed at the incoming airport upon return to the U.S. and then referred to the state they are returning to for continued follow-up and monitoring. All will be monitored for onset of symptoms for 21 days either by self-monitoring or by public health workers, depending on the level of exposure of the HCW while overseas. What further measures would be taken depend on the level of possible exposure experienced while overseas and applicable measures would be determined in consultation with public health officials and the healthcare facility.

Dr. Mayfield says to monitor all people who are returning from "Africa" for exposure. Does she mean Africa or West Africa? Is there a temperature log (simple, one sheet) that can be shared for use in monitoring patients? Dr. Thoroughman showed his on the ITV yesterday. I'd like to use something similar.

Travelers from Sierra Leone, Guinea and Liberia, in West Africa should be monitored. Although we currently do not have a temperature log sheet for monitoring, screening airports will be handing out CARE kits to travelers and a temperature log is included in this package. This link shows all of the items included in the CARE kit. http://www.cdc.gov/media/releases/2014/p1022-post-arrival-monitoring.html

PERSONAL PROTECTIVE EQUIPMENT - PPE

Has anyone shared a PPE Donning and Doffing checklist yet?

Infection control staff at KDPH has adapted some checklists for use in PPE Donning and Doffing procedures. One is for use with the PAPR option and the other is for use with the N-95 option. These checklists are available at: http://healthalerts.ky.gov/Pages/default.aspx.

CDC was recommending gowns for PPE but facility planners have mentioned TYVEK suits. Are the suits being recommended? If so, how are they safely doffed? If there is a need for higher-level PPE, such as hazmat suits, is there a stockpile at state available to hospitals? Many facilities have hazmat suits on backorder or unavailable at this time.

Proper PPE consists of:

- PAPR or N-95 respirator
- Single-use fluid-resistant or impermeable gown that extends to mid-calf or coverall without integrated hood
- Single-use fluid-resistant or impermeable boot covers that extend to knee
- Single-use fluid-resistant or impermeable hood (the hood should drape to the shoulders in order to adequately cover the neck with movement)
- Single-use fluid-resistant or impermeable apron recommended with patients who are have vomiting and diarrhea
- Single-use nitrile gloves with extended cuffs – use double gloving
- Full face shield

Additional PPE Guidance

- Hazmat type suits are not the current recommendation by CDC. Fluid resistant gowns or coveralls are recommended. PPE suits have been standardized. Full body coverage with no exposed skin and addition of respiratory protection by N95 masks or PAPRs are required.
- Use of a model of hood that should drape to the shoulders in order to adequately cover the neck at all times.
- Removing PPE now includes an enhanced and detailed step-by-step disinfection of hands process with specific sequencing for removal of each piece of equipment and then hand washing.
- CDC recommends facilities provide in-depth training and evaluation of all staff in donning and doffing of PPE. Staff also should have frequent practice with the process of donning and doffing of PPE.
- A trained observer should utilize a standardized checklist in the observance and guidance of each staff member each time PPE is donned or doffed.

Further guidelines on PPE are available on CDC website http://www.cdc.gov/vhf/Ebola/hcp/procedures-for-ppe.html

How do we clean and disinfect re-usable personal protective equipment that has been utilized in care of a person under investigation for Ebola?
Cleaning and disinfecting re-usable personal protective equipment such as PAPRs should be done according to the manufacturer's guidelines.

What is considered proper training for PPE?
Training should be in-depth and include evaluation of competence and opportunities for frequent practice.

We have been told of delays in receiving PPE necessary to care for an Ebola patient. Can you confirm?
We have also received some anecdotal reports of two- to three-week delays in receiving supplies of personal protective equipment. We encourage you to go ahead and place orders NOW to avoid any further delays.

LABORATORY TESTING

If there is a suspect patient with symptoms and travel history - in the ER and isolated properly - how do they go about testing?
Testing should be performed in coordination with state and local health departments.

In the event of a suspected Ebola patient, how do we safely complete lab tests? We do not have point of care lab equipment.
Point of care testing is not required, but encouraged. Specimens from any person under investigation can be handled safely in a clinical laboratory using CDC guidance provided at:
http://www.cdc.gov/vhf/Ebola/hcp/safe-specimen-management.html

The New York Times has KY listed as one of the 24 public health labs that can do Ebola testing. Will our state lab perform testing for Ebola?
Kentucky is receiving the LRN assay to test for Ebola and will be able to perform that testing once all of the materials have been received, staff has been trained, and the test has been validated and verified at DLS. We will notify the clinical community when KY DLS is designated by CDC to be a lab that is certified to conduct testing for Ebola.

What is the CDC turn-around time for the results of those tests?
Once the CDC-designated laboratory has the specimen, results are expected to be available within 24 hours.

What is the role of the LHD in transporting specimens?
LHD's generally will not have a role in transporting any lab specimens of suspected Ebola patients. KDPH will coordinate with hospitals to collect and ship specimens directly to CDC. There are strict guidelines

regarding transportation of Category A infectious substances. If interested, CDC Guidelines can be found at:
http://www.cdc.gov/vhf/Ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-Ebola.html

EMS

What should 911 Dispatch centers be doing to help identify Ebola patients that may call for help and enter the Emergency Medical System?
The sooner the patient's travel history and his/her exposure history here in the U.S. can be determined, the sooner the dispatcher can rule in or out whether there is a risk for Ebola. If the person traveled within the last 21 days from one of the Ebola-affected countries (Liberia, Sierra Leone, or Guinea) and has a fever or other symptoms such as fatigue, muscle weakness, nausea, vomiting, or diarrhea, he/she may be infected with Ebola. EMS is encouraged to consult with their local health department or hospital who can contact KDPH if there is a difficult-to-assess situation.

If EMS personnel or healthcare workers come into contact with a patient that needs to be quarantined for 21 days in order to watch for symptoms do these employees need to be monitored and are they ok to remain at home near family?
All personnel who have contact with an asymptomatic person do not require self-monitoring or quarantine. Asymptomatic patients are not infectious.

Can you elaborate more on EMS response to day-to-day concerns, especially since we are coming into flu season and other healthcare issues; how follow-up will be made with EMS if (for example) EMS treats a trauma patient that later is discovered with this infectious disease.
EMS personnel should screen every patient for travel to Sierra Leone, Guinea, and Liberia within the past 21 days, contact with an Ebola infected patient, and any symptoms consistent with Ebola (fever, headache, muscle pain and weakness, vomiting, diarrhea, bleeding/bruising). CDC has provided guidelines for screening http://www.cdc.gov/vhf/Ebola/hcp/interim-guidance-emergency-medical-services-systems-911-public-safety-answering-points-management-patients-known-suspected-united-states.html. If a patient is later discovered to have Ebola, state and/or local public health officials would immediately notify EMS and work with the EMS agency to assess exposure, properly monitor personnel, and address any other issues surrounding the potential exposure.

How should we clean the ambulance after transporting a patient suspected of having Ebola?
CDC released a document (October 28th) addressing guidance for EMS systems. The document is titled: Interim Guidance for Emergency Medical Systems and 9-1-1 Public Safety Answering Points for Management of Patients with Known or Suspected Ebola Virus Disease in the United States.

The following are general guidelines for cleaning and maintaining EMS transport vehicles and equipment after transporting a patient with suspected or confirmed Ebola: An EPA-registered hospital disinfectant with label claims for similar viruses such as norovirus, rotavirus, and adenovirus should be used according to instructions for cleaning and decontaminating surfaces or objects soiled with blood or bodily fluids. EMS personnel performing cleaning and disinfection should follow CDC guidance on personal protective equipment found at link: Procedures for Personal Protective Equipment | Ebola Hemorrhagic Fever | CDC Information for Health Care Workers | Ebola Hemorrhagic Fever | CDC. For patient transport, use only a mattress and pillow with plastic that fluids cannot get through. To reduce exposure among staff to contaminated cloth products while laundering, discard all linens, non-fluid-impermeable pillows or mattresses as appropriate.
Additional information can be found at CDC's link: http://www.cdc.gov/vhf/Ebola/hcp/interim-guidance-emergency-medical-services-systems-911-public-safety-answering-points-management-patients-known-suspected-united-states.html

MEDICAL WASTE MANAGEMENT

What companies in Kentucky are approved to transport and dispose of Ebola contaminated waste?
At this time there are three companies serving Kentucky that have been identified which can transport, dispose, or treat Ebola-contaminated waste.

Stericycle: Stericycle has indicated that they are willing to accept and transport Ebola-contaminated waste to an offsite incineration facility.
Veolia ES Technical Solutions: Veolia currently is permitted to transport and dispose Ebola-contaminated waste.
Darob, INC.: DaRob has identified that they have the capability to autoclave Ebola-contaminated waste. However, they currently do not have the PHMSA* special permit to transport waste. This could change.

* The Pipeline Hazardous Material Safety Authority (PHSMA) has currently granted Special Permits to seven companies around the country to legally transport Category A Hazardous Waste. This list may be expanded as other companies apply for this special permit. The current list of approved transport vendors can be accessed at: http://www.phmsa.dot.gov/hazmat/question-and-answer.